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tion Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Substitute for form 1449/PTO Complete if Known Application Number 10/044,847 Filing Date January 11, 2002 INFORMATION DISCLOSURE First Named Inventor **Utpal Datta** STATEMENT BY APPLICANT Art Unit 2184 (Use as many sheets as necessary) **Examiner Name** (Not Yet Assigned) Attorney Docket Number 14411HUUS03U (NORT10-00071) Sheet

Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2 (f known)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
				Applicant of Cited Document		
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FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear			
		Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>5</sup> (if known)	MM-DD-YYYY	747				
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